

## Pennsylvania State System of Higher Education

Performance Development Report

State University Administrators/Grand Funded Coordinators

The Performance Development Report (PDR) is to be used as the evaluation tool for all State University Administrators (SUA) and Grand Funded Coordinators (GFC). The purpose of the PDR is to provide the immediate supervisor and employee with an opportunity to review the employee's job duties, responsibilities and performance on an annual basis. The PDR is designed to generate discussion and open communication between the immediate supervisor and employee, to promote the growth and development of employees in the SUA/GFC classifications and to foster support for the department/university mission.

At the beginning of the annual evaluation period, the immediate supervisor and employee should use the job description as a guideline to identify those general performance factors that will be included in the PDR, deleting or adding performance factors that are applicable to the employee's position. When evaluating critical performance categories, the ratings are defined as follows:

OUTSTANDING: Employee achieves results on a constant basis and significantly

surpasses job standards.

EXCEEDS STANDARDS: Employee frequently exceeds job standards.

MEETS STANDARDS: Employee meets the standards of the job in a fully adequate manner

NEEDS IMPROVEMENT: Employee occasionally falls below acceptable standards

UNSATISFACTORY: Employee's work reflects excessive performance discrepancies that

must be corrected.

The PDR should be completed on an annual basis, or more frequently if needed, for all permanent employees in the SUA/GFC classifications. Prior to completing the annual PDR, the immediate supervisor should solicit input from the employee in an effort to arrive at a mutual understanding regarding the finished product. For probationary employees who work a 12-month schedule, the PDR should be completed in the 12<sup>th</sup> month of employment with the 3<sup>rd</sup>, 6<sup>th</sup>, and 9<sup>th</sup> month reviews completed separately on the probationary evaluation forms. For probationary employees who work a 9-month schedule, the PDR should be completed in the 9<sup>th</sup> month of employment with the 3<sup>rd</sup> and 6<sup>th</sup> month reviews completed on the probationary evaluation form.

Annually, the Human Resource Office will forward the PDR form along with the most current job description on file to the employee's immediate supervisor. The job description is to be reviewed and updated at that time, if necessary. The annual evaluation will typically be done on an employee's anniversary date unless, for operational reasons, the department in conjunction with the Human Resources Office determines it should be done at a different time. During the evaluation meeting, the immediate supervisor and employee will discuss job performance and review job duties and responsibilities and develop a plan for the employee's professional development. The completed PDR should be signed by the immediate supervisor and employee. The original PDR is then to be forwarded to Human Resources to be placed in the employee's personnel file. A copy should also be forwarded to the reviewing officer, for review and signature, as appropriate.



## PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION PERFORMANCE DEVELOPMENT REPORT FOR SUA EMPLOYEES

EMPLOYEE NAME	TYPE REPORT	TYPE REPORT		
	☐ INT	ERIM ANNUA	L PROBATIONARY EN	
EMPLOYEE PERSONNEL NUMBER	CAMPUS			
CLASS TITLE	WORK TITLE	WORK TITLE		
DEPARTMENT	EVALUATION PERIOD	FROM	ТО	
This report includes four critical per	_	es which are to be o		
performance review discussions (Or Effectiveness, and Supervisory Ability which may be considered. You may factors listed under a particular cate your area's strategic plan or the emoutstanding needs improvement or section of the performance develop	ty). Each category choose to mutually egory, or add others ployee's developments at the constitution of th	lists specific perfor y eliminate any of t s, depending on the ent plan. Each cate	mance factors the performance eir applicability to egory that is rated	
Organizational Success				
<ul> <li>teamwork/cooperation (with</li> <li>customer orientation</li> <li>commitment to continuous in</li> <li>creativity/innovation</li> <li>flexibility/adaptability to char</li> <li>continuous learning/develor</li> </ul>	mprovement nge	,	utstanding xceeds Standards leets Standards eeds Improvement nsatisfactory	

Comments:

leadership/initiative

EMPLOYEE NUMBER:
•
<ul> <li>☐ Outstanding</li> <li>☐ Exceeds Standards</li> <li>☐ Meets Standards</li> <li>☐ Needs Improvement</li> <li>☐ Unsatisfactory</li> </ul>
☐ Outstanding ☐ Exceeds Standards

EMPLOYEE NAME:	EMPLOYEE NUMBER:			
Supervisory Ability: (OPTIONAL)				
<ul> <li>coaches/counsels/evaluates staff</li> <li>identifies areas for and supports employee development</li> <li>encourages teamwork and group achievement</li> <li>leads change/achieves support of objectives</li> <li>enables and empowers staff</li> <li>strives to achieve diverse staff at all levels</li> <li>understands diversity issues and creates supportive envi employees</li> </ul>				
<ul> <li>□ Outstanding</li> <li>□ Exceeds Standards</li> <li>□ Meets Standards</li> <li>□ Needs Improvement</li> <li>□ Unsatisfactory</li> </ul>				
Comments:				
Overall Rating and Comments: (Continue on additional paper)				
<ul> <li>□ Outstanding</li> <li>□ Exceeds Standards</li> <li>□ Meets Standards</li> <li>□ Needs Improvement</li> <li>□ Unsatisfactory</li> </ul>				
Areas of Strong Competence:				
Areas in Need of Improvement:				
Other Comments:				

<u>Professional Development Plan:</u> (identify opportunities for improvement/expectations for the next review period/recommendations for future development:				
Tiext review periody recommendations for factors development.				
Supervisor Signature:	Date:			
I acknowledge that I have read this report and that I have been given an opportunity to				
discuss it with my evaluator. My signature does not necessarily report.				
Employee Signature:	Date:			
I would like to discuss this report with my reviewing officer.	☐ Yes ☐ No			
Employee Signature:	Date:			
As requested, reviewing officer discussed report with employee.				
Reviewing Officer Signature:	Date:			

Return original to Office of Human Resources for placement in the employee's personnel file and a copy to the reviewing officer and the employee.